

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 019 ***150.00

DOCUMENT # P98000019551

1. Entity Name
TM2, INC.



Principal Place of Business
725 PRIMERA BLVD
STE 125
LAKE MARY, FL 32746-2134 US

Mailing Address
725 PRIMERA BLVD
STE 125
LAKE MARY, FL 32746-2134 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3511398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOMER, WILLIAM J III
725 PRIMERA BLVD
STE 125
LAKE MARY, FL 32746-2134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/PR ☐ Delete
NAME MOFFIT, THOMAS H JR.
STREET ADDRESS 2493 RIVER TREE CIRCLE
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 725 PRIMERA BLVD, STE 125
CITY-ST-ZIP LAKE MARY, FL 32746-2134

TITLE D ☐ Delete
NAME MOFFIT, THOMAS H SR
STREET ADDRESS 725 PRIMERA BLVD, STE 125
CITY-ST-ZIP LAKE MARY, FL 32746-2134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/TR ☐ Delete
NAME BLOOMER, WILLIAM J III
STREET ADDRESS 725 PRIMERA BLVD, STE 125
CITY-ST-ZIP LAKE MARY, FL 32746-2134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas H. Moffit Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07
Date

407-833-9600
Daytime Phone #